



2020 Town of Arlington - Dual Option Plan Comparison

Trying to decide between plans? Here is a comparison of some of the key similarities and differences between the Delta Dental PPO Plus Premier High Option and the Delta Dental PPO Plus Premier Low Option Plans.

Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network High Option	Delta Dental PPO Plus Premier National Network Massachusetts & National Provider Network Low Option
<p>Rates: \$61.44 per Individual & \$144.21 per Family: guaranteed 2 years January 1, 2020-December 31, 2021</p> <p>Members have access to two of Delta Dental's extensive national networks Delta Dental PPO and Delta Dental Premier. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks. Visit our website at www.deltadentalma.com click on "how to find a participating provider".</p> <p>Covered Services:</p> <p>Diagnostic and Preventative – 100%</p> <p>Basic Restorative – 80% : (member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative - 50% Coverage:(member pays 50% of service fee)</p> <p>Crown Bridges Dentures</p> <p>An Endosteal Implant is covered as Type III to replace one missing tooth (in lieu of a three unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant-Pretreatment Estimate with x-rays from Provider advised prior to service.</p> <p>Calendar Year Deductible (January-December): \$50 per individual/\$150 per family. Deductible waived for Diagnostic & Preventive Services (covered at 100%)</p> <p>Calendar Year Maximum (January–December) \$1,500 per person per family member</p> <p>Orthodontic Coverage Covered at 100% of the maximum plan allowance to age 19 with a separate \$1,000 lifetime maximum.</p> <p>Eligible dependents are covered until the last day of the member's 26th birthday month.</p>	<p>Rates: \$44.31 per Individual & \$104.02 per Family: guaranteed 2 years, January 1, 2020 – December 31, 2021</p> <p>Members have access to two of Delta Dental's extensive national networks Delta Dental PPO and Delta Dental Premier. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these two networks. Visit our website at www.deltadentalma.com click on "how to find a participating provider".</p> <p>Covered Services:</p> <p>Diagnostic and Preventative - 100%</p> <p>Basic Restorative – 80%: (member pays 20% of service fee)</p> <p>Restorative Oral Surgery Endodontics Prosthetic Maintenance Emergency Dental Care</p> <p>Major Restorative – Not covered</p> <p>Calendar Year Deductible (January-December): \$50 per individual/\$150 per family Deductible waived for Diagnostic & Preventive Services (covered at 100%)</p> <p>Calendar Year Maximum (January-December): \$750 per person per family member.</p> <p>No Coverage</p> <p>Eligible dependents are covered until the last day of the member's 26th birthday month.</p>



Rollover Maximum Benefit – Under the Delta Dental PPO plus Premier, you must have at least one cleaning or exam during the calendar year and have used less than the claim threshold of \$700 to qualify for Rollover dollars. If you qualify each year you can roll over \$500 with a maximum accumulated amount of \$1,250.

Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to service to better assist the member in understanding their benefits.

Limitations Do Apply

No Coverage

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Rollover Maximum for Town of Arlington

The following applies for each member enrolled in the Delta Dental PPO Plus Premier High Plan Only:

The *Annual Maximum \$1,500* for covered services for each member on the **High Plan**.

Each member is eligible to roll over a portion of their unused *annual maximum* to the following calendar year provided the following requirements are met:

- The member must have 1 cleaning and/or oral exam per calendar year
- Incurred claims for the calendar year cannot exceed the plan threshold amount (see above).
- **The member must be on the plan for more than 3 months in the calendar year**
- The present maximum rollover dollars available will vary depending upon the plan selected.
- The accumulated rollover total cannot exceed either \$1,250 (see above).
- Retroactive claims will affect the *Rollover Max* (ROM) balance.
- Regular maximum benefit dollars are used first; ROM benefit dollars are used second.
- **To find out if you were eligible for rollover dollars go to www.deltadentalma.com to register or call Customer Service at 800-872-0500.**

For more detailed information please refer to your benefit plan summaries.